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## **LOBBYING REPORT**

Lobbying Disclosure Act of 1995 (Section 5) - All Filers Are Required To Complete This Page

	<i>, ,</i>	,	<del>-</del>		
1.	Registrant Name				
	Holland & Knight LL	P			
2.	Address	different than previously reported			
	2099 Pennsylvania Av	enue, NW Suite 100	TO COMPANY OF THE STATE OF THE		
3.	Principal Place of Business (i	f different from line 2)			
	City: Washington		D.C. 20006		···
4.	Contact Name	Telephone	E-mail	(optional)	5. Senate II
	Lisa V. Tofil	202-828-5003	lvtofil	Phklaw.com	18466-
7.	Client Name				6. House II
	Health Integrated, Inc.				30825-208
	NCOME OR EXI	nation Report ⊠ ⇒ Termination Date PENSES - Complete Either Lin		3	No Lobbyi
	12. L	obbying Firms		13. Organiza	ıtion
	COME relating to lobbriod was:	ying activities for this reporting	EXPENSES relaperiod were:	ating to lobbying ac	tivities for
Le	ss than \$10,000	$\boxtimes$	Less than \$10,00	0	
\$1	0,000 or more [	⇒ \$	\$10,000 ore more	e	
	Inco	Income (nearest \$20,000)	14. REPORTIN	G METHOD. Che	Expenses (nea
Provide a good faith estimate, rounded to the nearest \$20,000,			accounting metho	d. See instructions	for descripti
of all lobbying related income from the payments to the registrant by any othe activities on behalf of the client).		nt by any other entity for lobbying	Method A.	Reporting amounts	using LDA d
		chent).	☐ Method B.	Reporting amounts of the Internal Rev	
	1		☐ Method C.	Reporting amounts Internal Revenue C	
C:	gnature \ \ \ \	nttern			

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## 00000801376

Registrant Name Holland & Knight LLP	Name Health Integrated, Inc.
LOBBYING ACTIVITY. Select as many codes as necessing engaged in lobbying on behalf of the client during the reprint information as requested. Attach additional page(s) as necessing the control of the client during the reprint information as requested.	porting period. Using a separate page for each co
15. General issue area code <u>HCR</u> (one per page)	
16. Specific lobbying issues - Care management service	es initiative
17. House(s) of Congress and Federal agencies contacted	d
Veterans Administration	
18. Name of each individual who acted as a lobbyist in t	his issue area
Name	Covered Official Position (if applicable)
Lisa V. Tofil	
Leigh Bradley	General Counsel, Department of Veterans' Affair
	1
19. Interest of each foreign entity in the specific issues l	isted on line 16 above
Sizzania de San Stoff of	
Signature A A See VIIIT a	Date August 5, 20

Printed Name and Title Lisa V. Tofil, Sr. Counsel					
Filing #7F10dbC1 12c2 4b27 b0d0 F10d17fcccc0					

## 00000801377

Registrant Name Holland & Knight LLP	Name Health Integrated, Inc.
LOBBYING ACTIVITY. Select as many codes as nece engaged in lobbying on behalf of the client during the rep information as requested. Attach additional page(s) as necessary to the control of the client during the rep information as requested.	porting period. Using a separate page for each co
15. General issue area code <u>VET</u> (one per page)	
16. Specific lobbying issues - Care management service	es initiative
17. House(s) of Congress and Federal agencies contacted	d Check if None
Veterans Administration	
18. Name of each individual who acted as a lobbyist in t	this issue area
Name	Covered Official Position (if applicable)
Lisa V. Tofil	
Leigh Bradley	General Counsel, Department of Veterans' Affair
19. Interest of each foreign entity in the specific issues l	listed on line 16 above
J. D. J. T. P.	Date August 5, 20

Printed Name and Title Lisa V. Tofil, Sr. Counsel	

Registrant Name Holland &	Knight LLP	Name Health Integ	grated, Inc.		
Information Update Page -	Complete ONLY whe	re registration information h	as changed	<b>l</b> .	
20. Client new address				· · ·	
	in a dif different from line	20)			
21. Client new principal place of bu		State/Zip (or County)			
City  22. New general description of clie	nt's business or activities				
LOBBYIST UPDATE 23. Name of each previously Leigh Bradley	y reported individual wh	no is <b>no longer</b> expected to act	as a lobbyi	st for the client	
ISSUE UPDATE 24. General lobbying issues	previously reported tha	nt no longer pertain			
AFFILIATED ORGANIZA 25. Add the following affilia					
Name		Address		Principal Place of (city and state or continuous)	
26. Name of each previousl	y reported organization	that is no longer affiliated wit	h the regist	rant or client	
FOREIGN ENTITIES 27. Add the following forei	gn entities				
Name	Address	Principal Place of Business (city and state or country)		of contribution ying activities	Owner
			3		
28. Name of each previously affiliated organization	y reported foreign entit	y that <b>no longer</b> owned, <u>or</u> cor	ntrols, <u>or</u> is	affiliated with t	he regist
Signature	a Tol	R	Date <u>Augus</u>	st 5, 2004	

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